



EMPLOYEE BENEFITS GUIDE

2022 - 2023

Welcome to your 2022-2023 benefits!

MEDICAL

4 Medical Insurance plans and the Go365 Wellness Program are available through Humana.

DENTAL & VISION

Dental & Vision are available through MetLife.

HEALTH SAVINGS ACCOUNTS

Health Equity will continue to be our HSA banking partner. FSA accounts are administered by TASC.

LIFE & DISABILITY

Basic Life, Voluntary Life, Short & Long Term Disability will be available through Unum.

SUPPLEMENTAL BENEFITS

Critical Illness & Accident plans are available through Allstate. Pet Benefits are available through Pet Assure.

EMPLOYEE ASSISTANCE PROGRAM

EAP is available through Unum.

Welcome to your 2022-2023 Enrollment Guide! One of the great advantages of working at The Macallan Group is the outstanding benefit package provided by our company. This enrollment guide will walk you through each of your benefit options for the December 1, 2022—November 30, 2023 plan year.

Additional policy information can be found in the Summary Plan Description (SPD) for each line of coverage in Bernie Portal. Also, if you have any questions about the enrollment process, please reach out to Human Resources or our benefits advisory team at Sterling Seacrest Partners.



**Sterling
Seacrest
Pritchard**

WHO IS ELIGIBLE?

Benefits are available to all full-time employees. Dependents eligible for coverage include your spouse/domestic partner and children to age 26. The new hire waiting period for benefits is the 1st of the month following 30 days of employment.

ENROLLMENT

Enrollment is done through Paycor, see page 16 for instructions on how to login and navigate the portal.

ELECTION CHANGES DURING THE PLAN YEAR

Once you elect coverage in a The Macallan Group medical, dental or vision plan, you are NOT eligible to change or drop coverage until the next Open Enrollment period unless you have a qualifying event. If you experience a qualifying life event, you must contact The Macallan Group's Human Resources Department within 30 days of your qualifying event. If you fail to do so, you will have to wait until the next open enrollment period to make any changes to your coverage. Qualifying life events include, but are not limited to:

- Marriage
- Divorce
- Birth or adoption
- Employment changes from Part-time to Full-time
- Change in dependent status (i.e. Dependent child reaches age 26 limit)

SUMMARY OF BENEFITS AND COVERAGE (SBC)

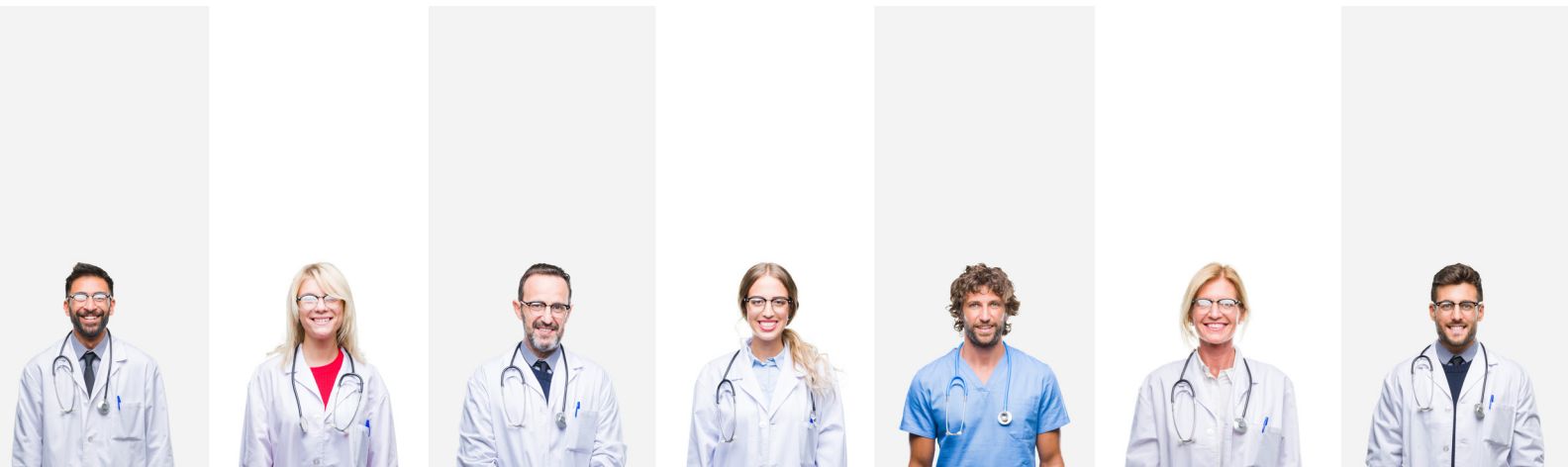
SBC's are available 24/7 through Paycor.



MEDICAL INSURANCE PLAN OPTIONS

You have 4 Humana Medical plans to choose from for the 2022-2023 plan year; each is an 'Open Access Point of Service Plan', which means you do not need a referral from a Primary Care Physician to see a Specialist. You have access to In-Network and Out-of-Network physicians, facilities and pharmacies. The best way to lower your out of pocket cost is to seek care from an In Network provider.

In-Network: Humana NPOS	EHDHP HSA 6350 100%	Canopy 5000 60%	Simplicity \$40 Copay 100%	Simplicity \$30 Copay 100%
Coinsurance	100%	60%	100%	100%
HSA or FSA Eligible	HSA	FSA	FSA	FSA
Deductible: Employee Family	\$6,350 \$12,700	\$5,000 \$10,000	\$0 \$0	\$0 \$0
Out-of-Pocket Max*: Employee Family	\$6,350 \$12,700	\$7,900 \$15,800	\$7,900 \$15,800	\$6,500 \$13,000
Wellcare	Covered in Full	Covered in Full	Covered in Full	Covered in Full
Telemedicine: Video or Phone Visit	\$49	\$20	\$40	\$30
Office Copay: PCP Specialist	Ded Ded	\$20 \$70	\$40 \$80	\$30 \$100
Urgent Care ER	Ded Ded	\$100 Ded + 40%	\$125 \$600	\$125 \$600
Inpatient Hospital & Services	Ded	Ded + 40%	\$2,000/day (3 days max)	\$1,500/day (3 days max)
Outpatient Services	Ded	Ded + 40%	\$2,000	\$1,500
Maternity	Ded	Ded + 40%	Copay	Copay
Prescriptions: Tiers 1 2 3 4	Ded	\$10 \$40 \$70 25%	\$10 \$45 \$90 25%	\$10 \$40 \$70 25%
Out-of-Network				
Coinsurance	70%	60%	70%	70%
Deductible: Employee Family	\$19,050 \$38,100	\$15,000 \$30,000	\$5,000 \$10,000	\$5,000 \$10,000
Out-of-Pocket Max: Employee Family	\$21,550 \$43,100	\$23,700 \$47,400	\$23,700 \$47,400	\$19,500 \$39,000
Employee Cost per Pay Period (26)				
Employee Only	\$37.13	\$49.66	\$95.00	\$108.46
Employee + Spouse	\$221.94	\$247.00	\$337.68	\$364.61
Employee + Child(ren)	\$194.22	\$217.40	\$301.28	\$326.19
Family	\$379.04	\$414.75	\$543.96	\$582.35
*ACA compliant plans Out-of-Pocket max includes copays, coinsurance and deductibles.				



KITCHEN HOTEL ROOM OFFICE YOUR LIVING ROOM IS NOW YOUR DOCTOR'S OFFICE

dr. on demand



Humana®

Board-certified doctor ▶▶ \$49 or less ▶▶ Download the app

Four easy steps to get started

Download from the App Store or Google Play.

1 Download the app



2 Enter your health insurance information; select Humana and enter your group ID and member ID



3 Enter a payment method



4 See a doctor within minutes



The doctor will see you now

Skip the waiting. Doctor On Demand allows you to see a board-certified doctor in minutes, with video access from your mobile device or computer. It's easy.

Doctor On Demand is the perfect option when your primary care doctor is unavailable and other healthcare options are closed. You may receive treatment 24 hours a day, seven days a week for many health issues including:

- Colds, flu and sore throat
- Upper respiratory infections
- Skin and eye problems
- Urinary tract infections

Telemedicine is not for emergencies such as chest pain, abdominal pain or shortness of breath.

Doctor On Demand may treat members except children under the age of two for non-emergency health conditions. If needed, your physician may send a prescription to your pharmacy.

Video visits cost **\$49 OR LESS**
based on your medical plan.

Telemedicine is not a substitute for emergency care and not intended to replace your primary care doctor or other providers in your network.

Behavioral health visits are not covered. Limitations on health care and prescription services delivered by telemedicine and communication options vary by state. This material is provided for informational use only and should not be considered medical advice or used in place of consulting a licensed medical professional.

HUMANA WELLNESS PROGRAM

If you enroll in Humana Medical, you are eligible to participate in the Humana Go365 wellness program! Go365 is an activity based wellness program designed to help you achieve your personal wellness goals and reward you for the activities you are already doing.

EARNING POINTS in Go365

Take the stairs. Keep your blood pressure in check. Eat more salads. There are lots of things you can do to get healthier. With Go365®, you can earn Points for doing them.

Activities

These are things you do every day—like taking a walk or getting your flu shot—to be your healthiest.

Recommended activities

These personalized activities are created just for you, based on what you told us about your health in your Health Assessment. Recommended activities are things like losing weight or exercising more that are designed to jump-start your health, and they're worth more Points!

Challenges

Here's your chance to boost your health even more when you compete against friends and co-workers. Challenge them for most steps taken or pounds lost, or create your own Challenge!



Earn more when you do more!


The more Go365 activities you complete, the more Points you earn—and the higher your Status.

Unlock activities to earn more Points and move up to a higher Status

Three ways to get to Bronze

1. Complete at least one Health Assessment section online or on the Go365 App
2. Get a biometric screening
3. Log a verified workout



 Earn Bonus Bucks when you reach Silver Status or higher	500 Bonus Bucks	1,500 Bonus Bucks	5,000 Bonus Bucks
 Earn Double Bonus Bucks when you achieve your prior year highest Status	1,000 Bonus Bucks	3,000 Bonus Bucks	10,000 Bonus Bucks

Bonus Bucks are not tied to Points and increase a Go365 member's buying power in the Go365 Mall. Bonus Bucks are awarded when a Go365 member reaches Silver, Gold and Platinum Status, and are doubled when the prior year highest Status is achieved. For example, a year one Go365 member reaches Gold Status at the end of their program year. The Go365 member will earn 1,000 Bonus Bucks for reaching Silver Status (1,000 Bonus Bucks are awarded the first time a member reaches Silver Status) and 1,500 Bonus Bucks for reaching Gold Status. In the Go365 member's next program year, the highest Status reached is Gold Status. In this example, 500 Bonus Bucks are awarded at Silver Status and 3,000 Bonus Bucks are awarded when the member reaches Gold Status again. Bonus Bucks apply to the 30,000 Bucks maximum each adult member can earn in a program year.

HUMANA WELLNESS PROGRAM

Connect compatible apps and devices to Go365 to earn even faster!



FOR CONNECTING ONLINE

1. Sign in to Go365.com
2. Select the "Quick Links" button or fitness device icon in the upper right of the main dashboard
3. Select the "Connect and manage devices" button
4. Select the "Connect" button under the device logo of your activity tracker you want to use and follow the prompts given

FOR CONNECTING IN THE GO365 APP

1. Sign in to the Go365 App
 - Android users: Tap the "Menu" icon on the dashboard > Tap "Account & Settings"
 - iOS users: Tap the "More Menu" icon > Tap "Account Settings" or the "Profile" icon on the dashboard
2. Tap "App and device connections"
3. Select the activity tracker to which you want to connect and follow the prompts

DENTAL INSURANCE PLAN OPTIONS

The Macallan Group provides flexibility in dental plans by offering two plan options through MetLife. The chart below summarizes the options available. Take advantage of using In-Network providers to help minimize out of pocket expenses.

To locate an In-Network provider visit www.MetLife.com > Select 'Find a Dentist' > Select network 'PDP Plus' > Enter your Zip, City, or State > Search.

In-Network: MetLife Dental	Low Plan	High Plan
Annual Deductible: Employee Family	\$50 \$150	\$50 \$150
Annual Maximum per Person	\$1,000	\$2,000
Child Orthodontia	Not Covered	50% to \$1,000 Lifetime Max
Preventive Services: Oral exams, cleanings, bitewing X-rays	100% - Ded Waived	100% - Ded Waived
Basic Services: Amalgam/composite filling, sealants, periodontics, endodontics	80%	80%
Major Services: Surgical extractions, oral surgery, crowns, dentures, bridges	50%	50%
Waiting Period	None	None
Out-of-Network Reimbursement*	Fee Schedule	90 th % of UCR
Employee Cost per Pay Period (26)		
Employee	\$13.09	\$19.56
Employee + 1	\$26.01	\$39.07
Employee + 2 or more	\$43.11	\$66.69
The above plan summary is solely for benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description or Summary of Benefits and Coverage for detailed information about your health plan.		

OUT-OF-NETWORK REIMBURSEMENT

Fee Schedule: MetLife will pay your out-of-network claim based on a fee schedule for the service based on where the dentist is located. We would not recommend going out of network on this plan.

90th % of UCR: UCR stands for Usual, Customary, and Reasonable charge. MetLife will pay your out-of-network claim at the rate charged by 9 out of 10 dentists (or the 90th UCR) based on where your dentist is located.



VISION INSURANCE PLAN

The Macallan Group provides vision insurance through MetLife. Take advantage of using In-Network providers to help minimize out of pocket expenses.

In-Network: MetLife Vision	In-Network	Out-of-Network Reimbursement
Frequency: Exam Lenses Frames	12 12 24	12 12 24
Copays: Exam Retinal Imaging	\$10 Up to \$39	Up to \$45 Applied to Exam Allowance
Frame Allowance	\$150 + 20% off balance*	\$70
Lenses		
Single	\$10 Copay	\$30 Allowance
Lined Bifocal	\$10 Copay	\$50 Allowance
Lined Trifocal	\$10 Copay	\$65 Allowance
Lenticular	\$10 Copay	\$100 Allowance
Contact Lenses (in lieu of frames)		
Elective	\$150 Allowance	\$150 Allowance
Medically Necessary	Covered in full after eyewear copay	\$210 Allowance
Contact Lens Fitting & Evaluation	\$60 Copay	Applied to contact lens allowance
Employee Cost per Pay Period (26)		
Employee		\$3.35
Employee + 1		\$6.28
Employee + 2 or more		\$8.94
* 20% off balance offer is available from all participating locations except Costco, Walmart and Sam's Club.		
The above plan summary is solely for benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description or Summary of Benefits and Coverage for detailed information about your health plan.		



HEALTH SAVINGS ACCOUNT (HSA)

The Macallan Group offers a Health Savings Account for those utilizing the High Deductible Health Plan (HDHP).

WHAT IS AN HSA?

A Health Savings Account (HSA) is like a 401(k) for healthcare. It is a tax advantaged personal savings or investment account that you can use to save and pay for qualified health expenses, now or in the future.

If you enroll in the HDHP Medical Plan (there can be no secondary medical coverage in place), you will be eligible to contribute to a Health Savings Account through Health Equity. A few qualified expenses include your Rx copays, coinsurance at the physician's office, as well as dental and vision related expenses.

Money left in your account at the end of each year will rollover and not be forfeited. The account is yours regardless if your employment or plan enrollment changes. Any money in the HSA will be yours to keep. Health Equity will mail you a debit card that you can use to pay for eligible healthcare expenses.

You may contribute up to these amounts for 2023:

- \$3,850 for Individual coverage
- \$7,750 for Family coverage
- Additional \$1,000 for "Catch-Up" age 55 and older

HOW DOES IT WORK?

Funds are withdrawn via an HSA debit card for account holder use. When you or a covered family member incurs qualified medical expenses covered by our insurance plan, you will receive an Explanation of Benefits (EOB) from Health Equity in the mail. Health Equity will have applied the negotiated in-network discount. This amount is also applied to your deductible, if applicable. Your doctor will then bill you the amount due.

You may use either your own personal funds or the debit card linked to your HSA bank account. If you pay with your personal funds, you may reimburse yourself from your HSA bank account by making a manual withdrawal.

It is your responsibility to retain ALL receipts as evidence of reimbursement for qualifying medical expenses. Pre-tax contributions to your HSA can continue until age 65 and you enroll in Medicare Part A or B. IRS qualified expenses are eligible for reimbursement from an HSA on a tax-free basis. Any funds used for non-qualified expenses are taxable as income AND subject to a 20% tax penalty. IRS Publication #502 is a good general guide to expenses considered as qualifying medical expenses for purposes of HSA reimbursement.

WHAT ARE QUALIFIED MEDICAL EXPENSES?

A full description of qualified HSA expenditures can be found in IRS Publication 502 and is located on the web at www.irs.gov/pub/irs-pdf/p502.pdf.



FLEXIBLE SPENDING ACCOUNTS (FSA)

The Macallan Group offers you the option of participating in an FSA Plan for those NOT utilizing the High Deductible Health Plan (HDHP). You can also utilize an FSA if you are not enrolled in The Macallan Group's medical plans.

WHAT IS AN FSA?

An FSA Plan through TASC allows you to set aside a portion of your salary on a pre-tax basis to pay for qualified health, dental and vision expenses not covered by your insurance plans. The FSA also includes a 'Dependent Care' option which allows you to set aside additional pre-tax funds to pay for daycare expenses.

There are two different pre-tax benefits you can take advantage by electing to participate in the FSA plan:

- You may elect to set aside up to \$2,850 in your FSA to pay for eligible health, dental and vision expenses (copays, deductibles, coinsurance) not covered by your medical, dental or vision plan.
- You may also elect to set aside up to \$5,000 per year (per family) to pay for dependent care expense (daycare, private sitter, after school care) for your children, or other tax eligible dependents, under the age of 13.

Keep in mind, the FSA plan year runs from December 1st to November 30th. You have until the end of the plan year to spend the money you set aside. The plan allows you to roll over \$500 at the end of each plan year.

DEADLINES TO FILE CLAIMS

- Medical FSA: 90 day claim filing deadline
- Dependent Care FSA: 30 day claim filing deadline

WHAT ARE QUALIFIED MEDICAL EXPENSES?

A full description of qualified FSA expenditures can be found in IRS Publication 502 and is located on the web at www.irs.gov/pub/irs-pdf/p502.pdf.



LIFE & DISABILITY BENEFITS

BASIC LIFE AND ACCIDENTAL DEATH & DISMEMBERMENT INSURANCE

The Macallan Group provides a Unum Basic Life and Accidental Death & Dismemberment benefit of \$10,000 for each full time employee at no cost. Designate a life insurance beneficiary in and update at any time year-round in the enrollment portal.

VOLUNTARY TERM LIFE AND AD&D INSURANCE

The Macallan Group offers you the option of purchasing additional life and AD&D insurance for yourself and for your dependents through Unum.

Supplemental Life & AD&D Employee	Minimum \$10,000, Maximum 5x annual salary, up to \$500,000 in \$10,000 increments.
Dependent Life & AD&D Spouse	Minimum \$5,000, Maximum 100% of employee coverage, up to \$500,000 in \$5,000 increments.
Dependent Life & AD&D Dependent Child(ren)	You may purchase coverage up to \$10,000 of coverage for your dependent children in increments of \$2,000. Coverage terminates at age 19 or age 26 if child is a fulltime student.
Guaranteed Issue (Initial Eligibility Period Only)	
Employee	\$100,000
Spouse	\$15,000
Child	\$10,000
Benefit Reduction	65% at age 60 and 50% at age 70 (Employee & Spouse)
The above plan summary is solely for benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description or Summary of Benefits and Coverage for detailed information about your health plan. Rates available through your enrollment portal.	

WHAT IS THE GUARANTEE ISSUE AMOUNT?

The Guarantee Issue amount is the amount of life insurance guaranteed to you at your initial enrollment without having to answer medical questions. Healthy or unhealthy, Unum will provide the guarantee issue benefit with no questions asked.

WHAT IF I WANT TO APPLY FOR ADDITIONAL LIFE OR INCREASE MY COVERAGE LATER?

Once your initial enrollment period closes you may decrease your coverage election anytime during the plan year, however, you may not enroll or increase your election until Unum's annual open enrollment or you experience a change in status. You have the option to increase your Voluntary Life benefit by \$10,000 each year without answering medical questions.

WHAT IF I ADD TO MY FAMILY DURING THE PLAN YEAR?

If you get married or have children (includes adoption) during the plan year you may add coverage for your new dependent, up to the Guarantee Issue amount but not exceeding 100% of your coverage amount, with no medical questions. Any life insurance amount applied for over the Guarantee Issue amount will require an Evidence of Insurability form to be completed.

LIFE & DISABILITY BENEFITS

Unum will offer a true open enrollment for STD and LTD coverage. You may enroll during open enrollment with no medical questions asked. New hires are able to enroll in this coverage with no medical questions during their initial eligibility. If you waive coverage, and wish to enroll later, you will be required to complete an Evidence of Insurability (EOI) form and may be declined for coverage.

VOLUNTARY SHORT TERM DISABILITY

Short Term Disability (STD) coverage pays a percentage of your salary, for a specified period of time, if you are ill or injured and unable to perform the duties of your job. The most common uses for utilizing Short Term Disability benefits are:

- Pregnancy
- Surgery/Hospitalization/Illness (cancer, stroke, heart attack)
- Non-work related injuries (auto wreck, recovery from accident)

Benefit Amount	The weekly benefit is an amount equal to 60% of pre-disability earnings, up to a maximum benefit of \$1,000 per week.
Day Benefits Begin	Injury (accident) and Sickness (illness): benefits begin on the 15th consecutive day of disability
Maximum Benefit Duration	Benefits for one period of disability, will be paid up to a maximum of 11 weeks.
The above plan summary is solely for benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description or Summary of Benefits and Coverage for detailed information about your health plan. Rates available through your enrollment portal.	

VOLUNTARY LONG TERM DISABILITY

Long Term Disability (LTD) coverage continues to provide income replacement when your Short Term Disability benefits cease.

Benefit Amount	The monthly benefit is an amount equal to 60% of pre-disability earnings, up to a maximum benefit of \$6,000 per month.
Day Benefits Begin	91st consecutive day of disability
Maximum Benefit Duration	Social Security Normal Retirement Age
The above plan summary is solely for benefits illustration and in no way governs the payment of benefits. Please refer to the Summary Plan Description or Summary of Benefits and Coverage for detailed information about your health plan. Rates available through your enrollment portal.	



SIMPLE IRA

The Macallan Group offers a Simple IRA retirement plan through Fidelity that all employees are eligible to participate in. The Macallan Group matches up to 3% of the employees contribution and employees are eligible to enroll in the Simple IRA plan at any time.

You will receive the Simple IRA forms from Human Resources during onboarding, and will mail the completed Simple IRA application to the address on page 7 of the application. You will receive a "New Account Profile" email or letter confirming that your Simple IRA account is opened. You will return the Simple IRA Salary Reduction form to payroll, and all Simple IRA deductions will begin on the first of the month following the receipt of your salary reduction form and open Simple IRA account.

Please reach out to the Human Resource Department for additional forms, or if you have any questions.

CRITICAL ILLNESS & ACCIDENT

As an employee of The Macallan Group you are eligible to apply for additional supplemental insurance offered by Allstate to complete your benefit package. Participation is voluntary and premiums for your elections will be deducted from payroll. A plan summary for these benefits is included in the portal and you will be able to enroll in:

- Accident Coverage – Pays you a direct benefit if you or a dependent suffer an accidental injury
- Critical Illness – Pays you a direct benefit if you have a serious illness such as a heart attack, cancer or a stroke

Additional information about the Accident and Critical Illness plans and pricing can be found in the enrollment portal.

PET ASSURE VETERINARY DISCOUNT PLAN

The Macallan Group offers a Veterinary Discount Plan and Pharmacy Discount Plan for your pets! You have two plans available to you:

- Pet Assure provides a veterinary discount where members save 25% on all in-house medical services at participating veterinarians (office visits, shots, x-rays, dental work, spay and neuter, emergency visits, surgeries). Pet Assure has participating veterinarians in all 50 states and Puerto Rico. Search for local veterinarians at www.petassure.com/search. Pet Assure also includes a Lost Pet Recovery Service. Employees can enroll all of their pets in our 24/7 lost pet recovery service and receive ID tags for each pet.
- **PET plus provides savings on prescriptions, flea and tick preventatives, dietary supplements and other products pets need. PETplus is a prescription savings plan that includes a 24/7 Pet Help Line. Employees receive wholesale pricing of up to 50% off on brand-name prescriptions, flea & tick products, vitamins and supplements, heartworm preventatives and specialty and prescription food. Savings are guaranteed! Delivery is always free and usually ships same day. Online orders are fulfilled by PetCareRx, a licensed VIPPS pharmacy and online pet retailer. Also included: 20% off other purchases at PetCareRx.com, like toys, beds and grooming supplies. **Only available for cats and dogs.

Additional information about the Pet Assure and Pet Plus plans and pricing can be found in the enrollment portal.



EMPLOYEE ASSISTANCE PROGRAM

Call your UNUM Employee Assistance Program, EAP, at anytime for confidential assistance! Personal issues, planning for life events or simply managing daily life can affect your work, health and family. EAP provides support, resources and information for personal and work-life issues. The program is company-sponsored, confidential and provided at no charge to you and your dependents. Call anytime at 1-800-854-1446 or visit online at unum.com/lifebalance

WHO IS COVERED?

Unum's EAP services are available to all eligible partners and employees, their spouses or domestic partners, dependent children, parents and parents-in-law.

CONFIDENTIAL COUNSELING (3 Session Plan)

This no-cost counseling service helps you address stress, relationship and other personal issues you and your family may face. It is staffed by licensed professional counselors who will listen to your concerns and quickly refer you to in-person counseling (up to 3 sessions per issue per year) and other resources for:

- Stress, anxiety & depression
- Relationship/marital conflicts
- Child and elder care
- Moving & relocation
- Problems with children
- Job pressures
- Making major purchases
- Identity theft
- Grief and loss
- Substance abuse
- Home financial services, debt management, credit report issues

TRAVEL ASSISTANCE

Whenever you travel 100 miles or more from home — to another country or just another city — be sure to pack your worldwide emergency travel assistance phone number. Travel assistance speaks your language, helping you locate hospitals, embassies and other “unexpected” travel destinations. Add the number to your cell phone contacts, so it's always close at hand. Just one phone call connects you and your family to medical and other important services 24 hours a day. Unum's travel assistance services are provided by Assist America, Inc., a leading provider of global emergency assistance services through employee benefit plans. Assist America's medically certified personnel are ready to help 24 hours a day, 365 days a year, and can connect you with pre-qualified, English-speaking and Western-trained medical providers anywhere in the world.

With the Assist America Mobile App, you can:

- Call Assist America's Operation Center from anywhere in the world with the touch of a button.
- Access pre-trip information and country guides.
- Search for local pharmacies (U.S. only).
- Download a membership card.
- View a list of services.
- Search for the nearest U.S. embassy.
- Read Assist Alerts.



WITHIN THE U.S.
1-800-872-1414



OUTSIDE THE U.S.
(U.S. access code) +609-986-1234



VIA E-MAIL:
medservices@assistamerica.com



HOW TO ENROLL

We will be using an online portal for benefits administration called Paycor. It is important for all employees to complete your enrollment online regardless of whether or not you plan to enroll in coverage.

1. Log in to Paycor.
2. Under “Me” select “Benefits”
3. Select “Open Enrollment”
4. From there you will be able to make all benefit elections and/or waive lines of coverage for the 2022-2023 plan year.

The deadline to enroll is Monday, November 21st.



NEED HELP?

If you have any questions about your benefits, please contact our support team at Sterling Seacrest Partners.

For Benefits Questions:



Marie Volk
Client Service Executive
mvolk@sspins.com
770 635 0451



Darlene Moorman
Client Claims Advocate
dmoorman@sspins.com
770 635 0439

Benefit	Vendor	Contact Info
Medical Insurance	Humana	www.humana.com 800 448 6262
Dental Insurance	MetLife	www.metlife.com 800 638 5433
Vision Insurance	MetLife	www.metlife.com 800 638 5433
Health Savings Account	Health Equity	866 346 5800
Flexible Spending Account	TASC	800 422 4661
Life, AD&D and Disability Insurance	Unum	www.unum.com
Enrollment Portal	Paycor	Paycor Portal
Human Resources Team (404 603 8833)	Brittany Williams Michele Harry	b.williams@macallangroup.com mharry@macallangroup.com

LEGAL NOTICES

THIS GUIDE

This brochure summarizes the health care and income protection benefits that are available to The Macallan Group employees and their eligible dependents. Official plan documents, policies, and certificates of insurance contain the details, conditions, maximum benefit levels and restrictions on benefits. These documents govern your benefits program. If there is any conflict, the official documents prevail. These documents are available upon request through your Human Resources department. Information provided in this brochure is not a guarantee of benefits.

SPECIAL ENROLLMENT NOTICES

If you decline enrollment in your employer's health plan for you or your dependents (including your spouse) because of other health insurance or group health plan coverage, you or your dependents may be able to enroll in your employer's plan without waiting for the next open enrollment period if you:

- Lose other health insurance or group health plan coverage. You must request enrollment within 30 days after the loss of other coverage.
- Gain a new dependent as a result of marriage, birth, adoption or placement for adoption. You must request (medical plan OR health plan) enrollment within 30 days after the marriage, birth, adoption or placement for adoption.
- Lose Medicaid, or Children's Health Insurance Program (CHIP) coverage because you are no longer eligible. You must request medical plan enrollment within 60 days after the loss of such coverage.

HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT (HIPAA)

The Macallan Group, in accordance with HIPAA, protects your Protected Health Information (PHI). We will only discuss your PHI with medical providers and third party administrators when necessary to administer the plan that provides you your medical, dental and vision benefits or as mandated by law. A copy of the Notice of Privacy is available upon request through your Human Resources department.

WOMEN'S HEALTH ACT

If you have had or are going to have a mastectomy, you may be entitled to certain benefits under the Women's Health and Cancer Rights Act of 1998 (WHCRA). For individuals receiving mastectomy-related benefits, coverage will be provided in a manner determined in consultation with the attending physician and the patient for:

- All stages of reconstruction of the breast on which the mastectomy was performed;
- Surgery and reconstruction of the other breast to produce a symmetrical appearance;
- Prostheses

- Treatment of physical complications of the mastectomy, including lymphedema. These benefits will be provided subject to the same deductibles and coinsurance applicable to other medical and surgical benefits provided under this plan. If you have any questions about your coverage please contact your Human Resources department.

CONTINUATION REQUIRED BY FEDERAL LAW FOR YOU & YOUR DEPENDENTS (COBRA)

The continuation required by Federal Law does not apply to any benefits for loss of life, dismemberment or loss of income. Federal law enables you or your dependent to continue health insurance if coverage would cease due to a reduction of your work hours or your termination of employment (other than gross misconduct). Federal law also enables your dependents to continue health insurance if their coverage ceases due to your health, divorce, or legal separation, or with respect to a dependent child, failure to continue to qualify as a dependent. Continuation must be elected in accordance with the rules of your Employer's group health plan(s) and is subject to federal law, regulations and interpretations.

MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP)

If you are eligible for health coverage from your employer, but are unable to afford the premiums, some states have premium assistance programs that can help pay for coverage. These states use funds from their Medicaid or CHIP programs to help people who are eligible for employer-sponsored health coverage, but need assistance in paying their health premiums. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and think you or any of your dependents might be eligible for either of these programs, you can contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or visit www.insurekidsnow.gov to find out how to apply. If you qualify, you can ask the state if it has a program that might help you pay the premiums for an employer-sponsored plan. Once it is determined that you or your dependents are eligible for premium assistance under Medicaid or CHIP, your employer's health plan is required to permit you and your dependents to enroll in the health plan - as long as you and your dependents are eligible, but not already enrolled in the employer's plan. This is called a "special enrollment" opportunity and you must request coverage within 60 days of being determined eligible for premium assistance. The full CHIP Notice is available upon request from your Human Resources department.

NEWBORNS' & MOTHERS' HEALTH PROTECTION ACT

Federal law prohibits the plan from limiting a mother's or newborn's length of hospital stay to less than 48 hours for a normal delivery or 96 hours for a Cesarean delivery or from requiring the provider to obtain pre-authorization for a stay of 48 or 96 hours, as appropriate. However, federal law generally does not prohibit the attending provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours for normal delivery or 96 hours for Cesarean delivery.

